

The court incorporates by reference in this paragraph and adopts as the findings and orders of this court the document set forth below.



**/S/ RUSS KENDIG**

Russ Kendig  
United States Bankruptcy Judge

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION**

|                          |                                |
|--------------------------|--------------------------------|
| IN RE:                   | ) CHAPTER 11                   |
|                          | )                              |
| TWIN CITY HOSPITAL,      | ) CASE NO. 10-64360            |
|                          | )                              |
| Debtor.                  | ) ADV. NO. 10-6130             |
|                          | )                              |
| THE COMMERCIAL AND       | ) JUDGE RUSS KENDIG            |
| SAVINGS BANK,            | )                              |
|                          | )                              |
| Plaintiff,               | )                              |
|                          | )                              |
| v.                       | ) <b>MEMORANDUM OF OPINION</b> |
|                          | ) <b>(NOT INTENDED FOR</b>     |
| WELLS FARGO BANK         | ) <b>PUBLICATION)</b>          |
| NATIONAL ASSOCIATION, AS | )                              |
| INDENTURE TRUSTEE,       | )                              |
|                          | )                              |
| Defendant.               | )                              |

On Defendant's motion for summary judgment, the parties seek a determination of who holds a senior security interest in Debtor's accounts receivable. Because of an error by the Ohio Secretary of State, the financing statement filed by Defendant was not properly indexed. Thereafter, but before the error was recognized, Plaintiff filed a financing statement claiming an interest in the receivables. The state agency later issued a corrective entry. As a result of the filings, both parties assert they hold the first lien in the accounts receivable.

The court has jurisdiction of this matter pursuant to 28 U.S.C. §§ 1334 and the general order of reference entered in this district on July 16, 1984. Venue in this district and division is proper pursuant to 28 U.S.C. § 1409. This is a core proceeding under 28 U.S.C. § 157(b)(2)(K). The following constitutes the court's findings of fact and conclusions of law pursuant to Federal Rule of Bankruptcy Procedure 7052.

This opinion is not intended for publication or citation. The availability of this opinion, in electronic or printed form, is not the result of a direct submission by the court.

## FACTS

The parties have stipulated to the following facts:

1. Twin City Hospital (the “Debtor”) owns certain land in Dennison, Ohio, upon which it operates an acute care critical access hospital facility (the “Hospital”).
2. On September 20, 2007, U.S. Bank, N.A., predecessor in interest to the Indenture Trustee, properly filed a Uniform Commercial Code (hereinafter “UCC”) financing statement with the Ohio Secretary of State evidencing it as a secured party in regard to substantially all of the Debtor’s personal property including, but not limited to, the Debtor’s accounts receivable (the “Personal Property UCC”). A true and accurate copy of the Personal Property UCC is attached hereto as Exhibit 1. The Personal Property UCC was stamped “Received” by the Secretary of State on September 20, 2007 at 3:58 p.m. The Secretary of State failed to index and image the Personal Property UCC correctly at the time it was filed.
3. On September 20, 2007, U.S. Bank, N.A. filed a second UCC financing statement with the Ohio Secretary of State, which was stamped “Received” by the Secretary of State on September 20, 2007 at 3:57 p.m., evidencing it as a secured party in regard to the Debtor’s fixtures located at the hospital (the “Fixture UCC”). A true and accurate copy of the Fixture UCC is attached hereto as Exhibit 2. The Fixture UCC was properly indexed and imaged and was assigned a document identification of 200726402778 and an index of OH00119401517. The Ohio Secretary of State imaged and indexed the Fixture UCC twice, which was assigned a document identification of 200726402780 and an index of OH00119401840 (the “Duplicate UCC”). A true and accurate copy of the Duplicate UCC is attached hereto as Exhibit 3.
4. On December 16, 2009, the Plaintiff filed a UCC financing statement with the Ohio Secretary of State evidencing it as a secured party in regards to

the Debtor's accounts (the “Plaintiff UCC”). A true and accurate copy of the Plaintiff UCC is attached hereto as Exhibit 4. The Plaintiff UCC was properly indexed and imaged and was assigned a document identification of 200935034440 and an index of “OH00139076176.”

5. Unbeknown to U.S. Bank, prior to filing the Plaintiff UCC, the Plaintiff conducted a search of the financing statements filed with the Ohio Secretary of State’s Office. Such search revealed the Fixture UCC and the Duplicate UCC, but did not reveal the Personal Property UCC.
6. Subsequent to conversations with, and information provided to, the Ohio Secretary of State’s filing office by the Plaintiff and Defendant, on November 5, 2010, the Ohio Secretary of State’s filing office made a corrective filing when it filed an Administrative Action Statement, properly imaging and indexing the Personal Property UCC, stating that the incorrect image of the Personal Property UCC was scanned and incorrectly indexed (the “Corrective Action Personal Property UCC”). A true and accurate copy of the Corrective Action Personal Property UCC is attached hereto as Exhibit 5. The Corrective Action Personal Property UCC was assigned a document identification of 200726402780 and an index of “OH00119401840.”
7. A review of the Ohio UCC filings on and after November 5, 2010 no longer shows the image of the Duplicate UCC, but rather the original Personal Property UCC filed on September 20, 2007 is now properly imaged at document identification #200726402780 and properly indexed at “OH00119401840.”

### **LAW AND ANALYSIS**

Federal Rule of Civil Procedure 56, adopted into bankruptcy practice by Federal Rule of Bankruptcy Procedure 7056, outlines the basis for summary relief:

The court shall grant summary judgment if the movant shows that there is no genuine dispute as to any material fact and the movant is entitled to judgment as a matter of law. The court should state on the record the reasons for granting or denying the motion.

Since the facts are not in dispute, Defendant must demonstrate the law is in its favor.

The issue is who is to suffer from a mistake made by the filing office? Defendant argues

in favor of a determination that advances a benchmark of UCC practice: “first in time, first in right.” Under Defendant’s view, it submitted the Personal Property UCC and it bears no responsibility for the filing/indexing failure. Plaintiff argues that notice is a hallmark of priority. Since it was impossible, because of the error, to obtain notice of an existing security interest, that interest should not now be given priority over Plaintiff’s interest. The court finds the weight of the law supports Defendant.

In its motion, Defendant partially relies on Ohio Revised Code § 1309.517, which adopts UCC 9-517, and provides “[t]he failure of the filing office to index a record correctly does not affect the effectiveness of the filed record.” The UCC official comment on § 9-517 states “[t]his section provides that the filing office’s error in mis-indexing a record does not render ineffective an otherwise effective record. [T]his section imposes the risk of filing-office error on those who search the files rather than on those who file.”

Although the Personal Property UCC was not assigned a document identification or file number on September 20, 2007, it still constituted a filed record under O.R.C. § 1309.516(A). Under this provision, “communication of a record to a filing office and tender of the filing fee or acceptance of the record by the filing office constitutes filing.” This finding is reinforced by the agency’s corrective action issued on November 5, 2010 which “back-dated” the filing to September 20, 2007. There is no dispute that the document is deemed filed as of September 20, 2007.

Notably, the reason identified for the corrective action was that the “incorrect image for The Twin City Hospital Corporation was incorrectly indexed and scanned.” This undisputed admission, directly from the filing office, puts this matter squarely under O.R.C. 1309.516(A). There is no evidence that Defendant is at fault.

If the first to file errs in a manner that causes another party to miss a financing statement, courts tend to direct the fallout on the filer. See Official Comm. of Unsecured Creditors v. Regions Bank (In re Camtech Precision Mfg., Inc.), 443 B.R. 190 (Bankr. S.D. Fla. 2011) (citing McMillin v. First Nat’l Bank & Trust Co. (In re Fowler), 407 F.Supp. 799, 803 (W.D. Okla. 1975), In re Vaughan, 1967 WL 8935 (Bankr. W.D. Mich. 1967)). There is no evidence that defendant erred in any manner, thus this exception is not applicable.

Since the Personal Property UCC has a filing date of September 20, 2007, it precedes the filing of respondent’s financing statement. When there is a conflict between perfected security interests, the Ohio Revised Code, through its incorporation of UCC 9-322, advises that the liens must be “rank[ed] according to priority in time of filing or perfection.” O.R.C. § 1309.322(A)(1). Defendant was first to file and therefore holds the senior interest in the accounts receivable.

An order granting the motion shall be entered immediately.

# # #

**Service List:**

Frank J Rose, Jr  
Box 1014  
140 Fair Ave NW  
New Philadelphia, OH 44663

Paul B Hervey  
Fitzpatrick, Zimmerman & Rose Co., L.P.A  
116 Cleveland Ave. NW, Suite 802  
Canton, OH 44702

Adrienne K. Walker  
Daniel S. Bleck  
Mintz, Levin, Cohn, Ferris, Glovsky  
One Financial Center  
Boston, MA 02111

Sherri Lynn Dahl  
Squire, Sanders & Dempsey (US) LLP  
4900 Key Tower  
127 Public Square  
Cleveland, OH 44114

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2007 SEP 20 PM 3:58

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**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]                                                                      |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                                                                       |
| Glendon B. Pratt, Esq.<br>Peck, Shaffer & Williams LLP<br>175 South Third Street, Suite 600<br>Columbus, Ohio 43215 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

|                                                               |                                         |                                             |                                          |                                          |                               |
|---------------------------------------------------------------|-----------------------------------------|---------------------------------------------|------------------------------------------|------------------------------------------|-------------------------------|
| 1a. ORGANIZATION'S NAME<br>The Twin City Hospital Corporation | FIRST NAME                              | MIDDLE NAME                                 | SUFFIX                                   |                                          |                               |
| 1b. INDIVIDUAL'S LAST NAME                                    | CITY                                    | STATE                                       | POSTAL CODE                              | COUNTRY                                  |                               |
| 1c. MAILING ADDRESS<br>819 N. First Street                    | Dennison                                | OH                                          | 44621                                    | USA                                      |                               |
| 1d. <small>SEE INSTRUCTIONS</small>                           | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 1e. TYPE OF ORGANIZATION<br>Nonprofit Corp. | 1f. JURISDICTION OF ORGANIZATION<br>Ohio | 1g. ORGANIZATIONAL ID #, if any<br>33882 | <input type="checkbox"/> none |

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

|                                     |                                           |                          |                                  |                                 |                               |
|-------------------------------------|-------------------------------------------|--------------------------|----------------------------------|---------------------------------|-------------------------------|
| 2a. ORGANIZATION'S NAME             | FIRST NAME                                | MIDDLE NAME              | SUFFIX                           |                                 |                               |
| 2b. INDIVIDUAL'S LAST NAME          | CITY                                      | STATE                    | POSTAL CODE                      | COUNTRY                         |                               |
| 2c. MAILING ADDRESS                 | 1350 Euclid Avenue, Mail Code: CN-OH-RN11 | CITY                     | STATE                            | POSTAL CODE                     | COUNTRY                       |
| 2d. <small>SEE INSTRUCTIONS</small> | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR   | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any | <input type="checkbox"/> none |

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

|                                                           |            |             |             |         |
|-----------------------------------------------------------|------------|-------------|-------------|---------|
| 3a. ORGANIZATION'S NAME<br>U.S. Bank National Association | FIRST NAME | MIDDLE NAME | SUFFIX      |         |
| 3b. INDIVIDUAL'S LAST NAME                                | CITY       | STATE       | POSTAL CODE | COUNTRY |
| 3c. MAILING ADDRESS                                       | Cleveland  | OH          | 44115       | USA     |

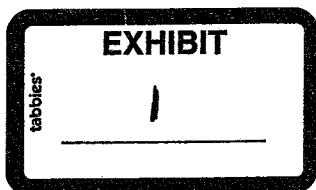
4. This FINANCING STATEMENT covers the following collateral:

See Attachment

|                                                                                                                                              |                                        |                                                                                                           |                                        |                                       |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------|-----------------------------------|
| 5. ALTERNATIVE DESIGNATION [if applicable]:                                                                                                  | <input type="checkbox"/> LESSEE/LESSOR | <input type="checkbox"/> CONSIGNEE/CONSIGNOR                                                              | <input type="checkbox"/> BAILEE/BAILOR | <input type="checkbox"/> SELLER/BUYER |                                   |
|                                                                                                                                              | <input type="checkbox"/> AG. LIEN      | <input type="checkbox"/> NON-UCC FILING                                                                   |                                        |                                       |                                   |
| 6. This FINANCING STATEMENT is to be filed [or record] (or recorded) in the REAL<br><input type="checkbox"/> ESTATE RECORDS. Attach Addendum | [if applicable]                        | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)<br>[optional] <input type="checkbox"/> [ADDITIONAL FEE] | All Debtors                            | <input type="checkbox"/> Debtor 1     | <input type="checkbox"/> Debtor 2 |

8. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)



tabbies®

Rev 05/22/02

**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

|                        |                            |            |                    |
|------------------------|----------------------------|------------|--------------------|
| 9a ORGANIZATION'S NAME |                            |            |                    |
| OR                     | 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME SUFFIX |

**10. MISCELLANEOUS:**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or combine names**

|                                      |                                         |                           |                                   |                                  |         |
|--------------------------------------|-----------------------------------------|---------------------------|-----------------------------------|----------------------------------|---------|
| 11a. ORGANIZATION'S NAME             |                                         |                           |                                   |                                  |         |
| OR                                   | 11b. INDIVIDUAL'S LAST NAME             | FIRST NAME                | MIDDLE NAME                       | SUFFIX                           |         |
| 11c. MAILING ADDRESS                 |                                         | CITY                      | STATE                             | POSTAL CODE                      | COUNTRY |
| 11d. <small>SEE INSTRUCTIONS</small> | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 11e. TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any |         |
| <input type="checkbox"/> none        |                                         |                           |                                   |                                  |         |

**12.  ADDITIONAL SECURED PARTY'S or  ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)**

|                             |  |            |             |             |         |
|-----------------------------|--|------------|-------------|-------------|---------|
| 12a. ORGANIZATION'S NAME    |  |            |             |             |         |
| 12b. INDIVIDUAL'S LAST NAME |  | FIRST NAME | MIDDLE NAME | SUFFIX      |         |
| 12c. MAILING ADDRESS        |  | CITY       | STATE       | POSTAL CODE | COUNTRY |

**13. This FINANCING STATEMENT covers**

lumber to be cut or  as-extracted collateral, or is filed as a  
 fixture filing.

**16. Additional collateral description:****14. Description of real estate:****15. Name and address of a RECORD OWNER of above-described real estate  
(If Debtor does not have a record interest):****17. Check only if applicable and check only one box  
Debtor is a  Trust or  Trustee acting with respect to property held in trust or  
 Decedent's Estate****18. Check only if applicable and check only one box.**

Debtor is a TRANSMITTING UTILITY  
 Filed in connection with a Manufactured-Home Transaction -- effective 30 years  
 Filed in connection with a Public-Finance Transaction -- effective 30 years

**FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 05/22/02)**

Rev 05/22/02

201-UCC1

|                                                                              |                             |            |
|------------------------------------------------------------------------------|-----------------------------|------------|
| 18. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT           |                             |            |
| 15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (name as item 9 Amendment form) |                             |            |
| OR                                                                           | 19a. ORGANIZATION'S NAME    |            |
|                                                                              | 19b. INDIVIDUAL'S LAST NAME | FIRST NAME |
| 20. MISC MISCELLANEOUS                                                       |                             |            |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                               |                                         |                           |                                   |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------|-----------------------------------|-------------------------------------------------------------------|
| 21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (21a or 21b) - do not abbreviate or combine names |                                         |                           |                                   |                                                                   |
| 21a. ORGANIZATION'S NAME                                                                                                      |                                         |                           |                                   |                                                                   |
| OR                                                                                                                            | 21b. INDIVIDUAL'S LAST NAME             |                           | FIRST NAME                        | MIDDLE NAME                                                       |
|                                                                                                                               |                                         |                           |                                   | SUFFIX                                                            |
| 21c. MAILING ADDRESS                                                                                                          |                                         | CITY                      | STATE                             | POSTAL CODE                                                       |
| 21d. <small>SEE INSTRUCTIONS</small>                                                                                          | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 21e. TYPE OF ORGANIZATION | 21f. JURISDICTION OF ORGANIZATION | 21g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> none |
| 22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (22a or 22b) - do not abbreviate or combine names |                                         |                           |                                   |                                                                   |
| 22a. ORGANIZATION'S NAME                                                                                                      |                                         |                           |                                   |                                                                   |
| OR                                                                                                                            | 22b. INDIVIDUAL'S LAST NAME             |                           | FIRST NAME                        | MIDDLE NAME                                                       |
|                                                                                                                               |                                         |                           |                                   | SUFFIX                                                            |
| 22c. MAILING ADDRESS                                                                                                          |                                         | CITY                      | STATE                             | POSTAL CODE                                                       |
| 22d. <small>SEE INSTRUCTIONS</small>                                                                                          | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 22e. TYPE OF ORGANIZATION | 22f. JURISDICTION OF ORGANIZATION | 22g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> none |
| 23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (23a or 23b) - do not abbreviate or combine names |                                         |                           |                                   |                                                                   |
| 23a. ORGANIZATION'S NAME                                                                                                      |                                         |                           |                                   |                                                                   |
| OR                                                                                                                            | 23b. INDIVIDUAL'S LAST NAME             |                           | FIRST NAME                        | MIDDLE NAME                                                       |
|                                                                                                                               |                                         |                           |                                   | SUFFIX                                                            |
| 23c. MAILING ADDRESS                                                                                                          |                                         | CITY                      | STATE                             | POSTAL CODE                                                       |
| 23d. <small>SEE INSTRUCTIONS</small>                                                                                          | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 23e. TYPE OF ORGANIZATION | 23f. JURISDICTION OF ORGANIZATION | 23g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> none |
| 24. ADDITIONAL SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE) - insert only one secured party name (24a or 24b)             |                                         |                           |                                   |                                                                   |
| 24a. ORGANIZATION'S NAME                                                                                                      |                                         |                           |                                   |                                                                   |
| OR                                                                                                                            | 24b. INDIVIDUAL'S LAST NAME             |                           | FIRST NAME                        | MIDDLE NAME                                                       |
|                                                                                                                               |                                         |                           |                                   | SUFFIX                                                            |
| 24c. MAILING ADDRESS                                                                                                          |                                         | CITY                      | STATE                             | POSTAL CODE                                                       |
| 25. ADDITIONAL SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE) - insert only one secured party name (25a or 25b)             |                                         |                           |                                   |                                                                   |
| 25a. ORGANIZATION'S NAME                                                                                                      |                                         |                           |                                   |                                                                   |
| OR                                                                                                                            | 25b. INDIVIDUAL'S LAST NAME             |                           | FIRST NAME                        | MIDDLE NAME                                                       |
|                                                                                                                               |                                         |                           |                                   | SUFFIX                                                            |
| 25c. MAILING ADDRESS                                                                                                          |                                         | CITY                      | STATE                             | POSTAL CODE                                                       |

#### Instructions for UCC Financing Statement Amendment (Form UCC1AP)

Use this form to continue adding additional Debtor or Secured Party names as needed when filing a UCC Financing Statement (Form UCC1).

Rev 05/22/02

UCC-1 With The Twin City Hospital Corporation, as Debtor  
And U.S. Bank National Association  
As Secured Party

All present and future Gross Receipts, being all cash and other receipts, present and future accounts, receivables, contracts and contract rights (including particularly contracts, agreements, contract rights and agreement rights, particularly those between any member of the Obligated Group and the State of Ohio with respect to Medicaid, any member of the Obligated Group and third-party insurers of patients of any members of the Obligated Group and any member of the Obligated Group and the United States of America with respect to Medicare, and all other equivalent insurance programs, or any state or federal program substituted in lieu thereof), general intangibles, documents and instruments, which are now owned or hereafter acquired by the Obligated Group, and all proceeds therefrom, whether cash or noncash, derived by the Obligated Group from the conduct of all or any part of its operations, and all revenue and income of the Obligated Group from whatever source derived, including not only that derived by the Obligated Group from the Existing Facilities but also from any and all facilities hereafter acquired, leased or used by the Obligated Group, income from and the principal of investments, leases and income received from leases, and grants received by the Obligated Group from any source and excluding only (i) grants, gifts, bequests, contributions and other donations, to the extent specifically restricted by the donor or grantor to a special object or purpose so as to preclude use thereof for payment of principal or interest on the Notes, (ii) the proceeds of any borrowing or any funds held in trust by a trustee as security for such borrowing, (iii) revenues, income, receipts and money received by a member of the Obligated Group as agent for and on behalf of a Person other than a member of the Obligated Group, and (iv) any Property that is the subject of a lien or encumbrance permitted by the Indenture or that has been conveyed or otherwise disposed of as permitted by the Indenture.

All moneys and securities from time to time held by the Trustee under the terms of the Indenture and any and all real or personal property of every name and nature from time to time hereafter by delivery or by writing of any kind conveyed, mortgaged, pledged, assigned or transferred, as and for additional security under the Indenture by the Debtor, or by anyone on its behalf or with its written consent, subject, in all events, to Permitted Encumbrances.

All capitalized terms used in the preceding paragraphs shall be interpreted as defined in the Master Trust Indenture dated as of September 1, 2007, between The Twin City Hospital Corporation, as the Debtor, and U.S. Bank National Association as the Secured Party, as previously supplemented and amended and as supplemented and amended from time to time.

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**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS (Front and back) CAREFULLY

A. NAME & PHONE OF CONTACT ATTORNEY (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Glendon B. Pratt, Esq.  
Peck, Shaffer & Williams LLP  
175 South Third Street, Suite 600  
Columbus, Ohio 43215

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - (Insert only one debtor name (1a or 1b) - do not abbreviate or combine names)

OR

1a. ORGANIZATION NAME  
The Twin City Hospital Corporation

1b. INDIVIDUAL'S LAST NAME  
BROWN

FIRST NAME  
MIDDLE NAME  
SUFFIX

CITY STATE POSTAL CODE COUNTRY

OH 44621 USA

1c. MAILING ADDRESS  
815 N. First Street

1d. INDIVIDUAL'S  
ADDITIONAL  
ORGANIZATION  
DEBTOR  
NAME  
Nonprofit Corp.

1e. TYPE OF ORGANIZATION  
Ohio

1f. JURISDICTION OF ORGANIZATION  
100002  nona

1g. ORGANIZATIONAL ID # if any

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - (Insert only one debtor name (2a or 2b) - do not abbreviate or combine names)

OR

2a. ORGANIZATION'S NAME

2b. INDIVIDUAL'S LAST NAME

FIRST NAME  
MIDDLE NAME  
SUFFIX

CITY STATE POSTAL CODE COUNTRY

2c. MAILING ADDRESS

2d. INDIVIDUAL'S  
ADDITIONAL  
ORGANIZATION  
DEBTOR

2e. TYPE OF ORGANIZATION  
Ohio

2f. JURISDICTION OF ORGANIZATION  
100002  nona

2g. ORGANIZATIONAL ID # if any

3. SECURED PARTY'S NAME (NAME OF TOTAL ASSIGNEE OF ASSIGNOR (S)) - (Insert only one secured party name (3a or 3b))

OR

3a. ORGANIZATION NAME  
U.S. Bank National Association

3b. INDIVIDUAL'S LAST NAME

FIRST NAME  
MIDDLE NAME  
SUFFIX

CITY STATE POSTAL CODE COUNTRY

3c. MAILING ADDRESS  
1350 Euclid Avenue, Mail Code: CN-OH-RN17

3d. CITY  
Cleveland

3e. STATE  
OH

3f. ZIP CODE  
44115

3g. COUNTRY  
USA

4. THIS FINANCING STATEMENT covers the following debtors:  
fixtures of every nature and kind, now or hereafter acquired or owned by debtor which are now or hereafter affixed to the real estate located in the County of Tuscarawas, Ohio, which is described on Exhibit A hereto.

5. ALTERNATIVE DESCRIPTION IF Applicable:  LESSER/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  
 AG. LBN  NON-UCC FINING

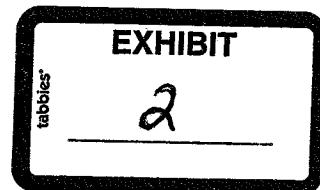
6. THE FINANCING STATEMENT is to be filed for record in the REAL ESTATE RECORDS, Attn: Recorder (if applicable).  Check to REQUEST SEARCH REPORTING on Debtor(s)  
    All Debtors  
    Debtor 1  Debtor 2  
    Additional fees

7. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Rev 05/22/02

201-UCC1



**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS (a) and (b) CAREFULLY

2. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

1a. ORGANIZATIONS NAME

|    |                            |            |                     |
|----|----------------------------|------------|---------------------|
| OR | 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX |
|----|----------------------------|------------|---------------------|

1c. MISCELLANEOUS:

THE ABOVE SPACE IS FOR THE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - PRINT ONLY ONE NAME (11a or 11b) - DO NOT ABBREVIATE OR COMBINE NAMES

11a. ORGANIZATIONS NAME

OR

|                             |            |             |        |
|-----------------------------|------------|-------------|--------|
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|-----------------------------|------------|-------------|--------|

11c. MAILING ADDRESS

|      |       |             |         |
|------|-------|-------------|---------|
| CITY | STATE | POSTAL CODE | COUNTRY |
|------|-------|-------------|---------|

11d. MISCELLANEOUS

|                                              |                           |                                   |                                  |
|----------------------------------------------|---------------------------|-----------------------------------|----------------------------------|
| 11e. ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 11f. TYPE OF ORGANIZATION | 11g. JURISDICTION OF ORGANIZATION | 11h. ORGANIZATIONAL ID #, IF ANY |
|----------------------------------------------|---------------------------|-----------------------------------|----------------------------------|

 none

12. ADDITIONAL SECURED PARTY'S OR ASIGNOR'S/PDQ NAME - PRINT ONLY ONE NAME (12a or 12b)

12a. ORGANIZATIONS NAME

|                             |            |             |        |
|-----------------------------|------------|-------------|--------|
| 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|-----------------------------|------------|-------------|--------|

12c. MAILING ADDRESS

|      |       |             |         |
|------|-------|-------------|---------|
| CITY | STATE | POSTAL CODE | COUNTRY |
|------|-------|-------------|---------|

13. THIS FINANCING STATEMENT CONCERN

Debtor or Creditor  Subordinated creditor, or is used as a  
 Surety

14. Description of real estate:

15. Name and address of a RECORD OWNER of above-described real estate

(If Debtor does not have a record holder):

16. Additional real property information

17. Check if applicable and check only one box.  
Debtors is:  Trustee  Trustee acting with respect to property held in trust or  
 Debtor's Estate

18. Check if applicable and check only one box.

Other is a TRANSMITTING UTILITY  
 PDQ in connection with a Manufactured Home Transaction - effective 30 years  
 PDQ in connection with a Motor Vehicle Transaction - effective 30 years

PRINT OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC 1a) (REV. 03/22/02)

Rev 03/22/02

251-UCC1

|                                                                                                                              |                           |                                   |                                                               |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------|---------------------------------------------------------------|
| 19. NAME OF FIRST DEBTOR (1 or 1a) OR RELATED/PARTNERSHIP ENTITY                                                             |                           |                                   |                                                               |
| 20. NAME OF PARTY AUTHORIZING THIS AMENDMENT (from Part 4 Amendment Box)                                                     |                           |                                   |                                                               |
| OR<br>21a. ORGANIZATION'S NAME                                                                                               |                           |                                   |                                                               |
| 21b. INDIVIDUAL'S LAST NAME                                                                                                  | FIRST NAME                | MIDDLE NAME                       | SUFFIX                                                        |
| 22. MISCELLANEOUS                                                                                                            |                           |                                   |                                                               |
| THE ABOVE SPACE IS FOR FIRST DEBTOR OR PARTNER                                                                               |                           |                                   |                                                               |
| 23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (23a or 23b); do not abbreviate or combine names |                           |                                   |                                                               |
| 24. ORGANIZATION'S NAME                                                                                                      |                           |                                   |                                                               |
| OR<br>25a. INDIVIDUAL'S LAST NAME                                                                                            | FIRST NAME                | MIDDLE NAME                       | SUFFIX                                                        |
| 26. MAILING ADDRESS                                                                                                          |                           |                                   |                                                               |
| 27a. CITY                                                                                                                    | STATE                     | POSTAL CODE                       | COUNTRY                                                       |
| 27b. ADDITIONAL INFORMATION<br>ORGANIZATION<br>DEBTOR                                                                        | 27c. TYPE OF ORGANIZATION | 27d. JURISDICTION OF ORGANIZATION | 27e. ORGANIZATIONAL ID #, X#<br><input type="checkbox"/> none |
| 28. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (28a or 28b); do not abbreviate or combine names |                           |                                   |                                                               |
| 29. ORGANIZATION'S NAME                                                                                                      |                           |                                   |                                                               |
| OR<br>30a. INDIVIDUAL'S LAST NAME                                                                                            | FIRST NAME                | MIDDLE NAME                       | SUFFIX                                                        |
| 31. MAILING ADDRESS                                                                                                          |                           |                                   |                                                               |
| 32a. CITY                                                                                                                    | STATE                     | POSTAL CODE                       | COUNTRY                                                       |
| 32b. ADDITIONAL INFORMATION<br>ORGANIZATION<br>DEBTOR                                                                        | 32c. TYPE OF ORGANIZATION | 32d. JURISDICTION OF ORGANIZATION | 32e. ORGANIZATIONAL ID #, X#<br><input type="checkbox"/> none |
| 33. ADDITIONAL SECURED PARTY'S NAME (or NAME OF TOTAL ASSIGNEE) - Insert only one secured party name (33a or 33b)            |                           |                                   |                                                               |
| 34. ORGANIZATION'S NAME                                                                                                      |                           |                                   |                                                               |
| OR<br>35a. INDIVIDUAL'S LAST NAME                                                                                            | FIRST NAME                | MIDDLE NAME                       | SUFFIX                                                        |
| 36. MAILING ADDRESS                                                                                                          |                           |                                   |                                                               |
| 37a. CITY                                                                                                                    | STATE                     | POSTAL CODE                       | COUNTRY                                                       |
| 38. ADDITIONAL SECURED PARTY'S NAME (or NAME OF TOTAL ASSIGNEE) - Insert only one secured party name (38a or 38b)            |                           |                                   |                                                               |
| 39. ORGANIZATION'S NAME                                                                                                      |                           |                                   |                                                               |
| OR<br>40a. INDIVIDUAL'S LAST NAME                                                                                            | FIRST NAME                | MIDDLE NAME                       | SUFFIX                                                        |
| 41. MAILING ADDRESS                                                                                                          |                           |                                   |                                                               |
| 42a. CITY                                                                                                                    | STATE                     | POSTAL CODE                       | COUNTRY                                                       |

## Instructions for UCC Financing Statement Amendment (Form UCC1AP)

Use this form to continue adding additional Debtor or Secured Party names as needed when filing a UCC Financing Statement (Form UCC1).

Rev 05/22/02

201-UCC1

EXHIBIT "A"

DESCRIPTION OF A 10.764 ACRE TRACT  
THE TWIN CITY HOSPITAL CORPORATION

Situated in the Village of Deamison, County of Tuscarawas and State of Ohio.

Being all of Lots 1281 through 1292 (known as Tax Parcel Nos. 42-00149.000, 42-00186.000, 42-00941.000, 42-01577.000, 42-01217.000, 42-01216.000 and 42-01215.000) and Cutoff 11 (3) (known as Tax Parcel No. 42-01579.000) of Wilson & Huston Addition as recorded in Plat Book 1-B, Page 26 of the Tuscarawas County Plat Records, all of a vacated alley (Ordinance No. 2327) as recorded in Volume 1264, Page 1065 of the Official Records of Tuscarawas County, and being all of tracts of land conveyed to The Twin City Hospital Corporation by deeds in Volume 1136, Page 625, Volume 1189, Page 2413 and Volume 1209, Page 2561 of the Official Records of Tuscarawas County, and Volume 570, Pages 900, 901, 902 and 905 of the Tuscarawas County Deed Records; and being part of Lot 4 of the Spencer Tract in the First Quarter of Township 7, Range 1 being all of tracts of land conveyed to The Twin City Hospital Corporation by deeds in Volume 570, Page 897 (remainder of 3-3/4 acres - known as Tax Parcel No. 42-00657.000), Volume 570, Page 902 (.55 acres - known as Tax Parcel No. 42-01214.000), Volume 570, Page 903 (remainder of 4.36 acres - known as Tax Parcel No. 42-01576.000), Volume 570, Page 905 (1.14 acres - known as Tax Parcel No. 42-01578.000) and Volume 570, Page 907 (remainder of 1.38 acres, .6225 acres, .6145 acres, .6541 acres and vacated alley - known as Tax Parcel No. 42-01261.000) of the Tuscarawas County Deed Records, and Volume 1025, Page 530 (.1721 acres - known as Tax Parcel No. 42-00436.000) of the Official Records of Tuscarawas County and being more fully described as follows:

Beginning at an iron pin found at the intersection of the north line of Wilson Street and the west line of First Street, said point being the southeast corner of Lot 1281 and being the TRUE PLACE OF BEGINNING for the parcel herein described;

Thence with the east line of Lots 1281 through 1286, said 1.14 acre tract and 4.36 acre tracts, and the west line of First Street, North 03 deg. 05 min. 22 sec. East, 440.54 feet to a point in Fuhr Street and passing on line an iron pin found at 410.37 feet;

Thence with Fuhr Street and the north line of said 4.36 acre tract, North 88 deg. 54 min. 47 sec. West, 202.47 feet to a point;

Thence leaving said street, with the east line of said 1.38 acre tract and 0.1721 acre tract and with the west line of a 0.14 acre tract conveyed to Donald E. & Helen J. Wright (DR 439-140), North 14 deg. 33 min. 20 sec. West, 142.74 feet to an iron pin found and passing on line an iron pin found at 31.00 feet;

Thence continuing with the east line of said 0.1721 acre tract, North 36 deg. 17 min. 36 sec. East, 9.67 feet to an iron pin found;

Thence continuing with the east line of said 0.1721 acre tract and the center of said vacated alley, North 14 deg. 33 min. 20 sec. West, 292.12 feet to an iron pin set in the north line of said vacated alley;

Thence with said north line, South 76 deg. 23 min. 40 sec. West, 7.50 feet to an iron pin set in the east line of said 1.38 acre tract;

Thence with the east line of said 1.38 acre tract, North 14 deg. 33 min. 20 sec. West, 22.50 feet to a point in McKee Road (Township Road 287);

Thence with said road and the north line of said 1.38 acre tract, South 76 deg. 58 min. 26 West, 139.09 feet to a point;

Thence continuing with said road and with the north line of said .6561 acre tract, North 88 deg. 05 min. 13 sec. West, 138.46 feet to a point;

Thence leaving said road and with the west line of said .6561 acre tract the following four (4) courses:

- 1) South 09 deg. 51 min. 47 sec. West, 30.00 feet to an iron pin set;
- 2) North 80 deg. 08 min. 13 sec. West, 70.30 feet to an iron pin set;
- 3) South 29 deg. 28 min. 19 sec. East, 90.00 feet to an iron pin set;
- 4) South 60 deg. 31 min. 47 sec. West, 55.00 feet to a point in Wilson Street

Extension and the east line of said 3-3/4 acre tract, and passing on line an iron pin set at 35.00 feet;

Thence with said road and east line, North 29 deg. 28 min. 13 sec. West, 132.89 feet to a point, said point being the southeast corner of a .58 acre tract conveyed to Johanna Jones, John A. Rogers and Edith A. Lawyer (DR 676-466);

Thence leaving said road and with the south line of said 0.58 acre tract, South 30 deg. 39 min. 17 sec. West, 17.20 feet to an iron pin set;

Thence continuing with said south line, South 51 deg. 39 min. 17 sec. West, 222.20 feet to an iron pin set;

Thence continuing South 88 deg. 43 min. 27 sec. West, 94.79 feet to a point in Little

Stillwater Creek and the north line of Park View Addition (Plat Book 7, Page 30);

Thence with said creek and said north line the following twelve (12) courses:

- 1) South 43 deg. 09 min. 39 sec. East, 43.42 feet to a point;
- 2) South 59 deg. 12 min. 04 sec. East, 42.01 feet to a point;
- 3) South 84 deg. 51 min. 57 sec. East, 47.47 feet to an iron pin found;
- 4) South 79 deg. 20 min. 00 sec. East, 44.84 feet to a point;
- 5) South 52 deg. 23 min. 49 sec. East, 42.19 feet to a point and passing on line an iron pin found at 21.08 feet;
- 6) South 49 deg. 42 min. 26 sec. East, 42.43 feet to a point;
- 7) South 63 deg. 16 min. 39 sec. East, 42.19 feet to a point;
- 8) South 28 deg. 05 min. 33 sec. East, 48.37 feet to a point;
- 9) South 41 deg. 53 min. 31 sec. East, 43.68 feet to a point;
- 10) South 32 deg. 22 min. 26 sec. East, 46.52 feet to a point;
- 11) South 32 deg. 22 min. 26 sec. East, 46.52 feet to a point;
- 12) South 32 deg. 49 min. 54 sec. East, 47.31 feet to a iron pin set;

Thence continuing with said north line, the north line of a 14.50 acre tract conveyed to the City of Whitehouseville and the west line of said 1.55 acre tract, South 38 deg. 16 min. 21 sec. East, 195.93 feet to an iron pin set;

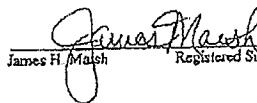
Thence continuing with the north line of said 14.50 acre tract and said west line, and the west line of Wilson & Huston Addition, South 21 deg. 43 min. 04 sec. West, 148.50 feet to a point in said creek;

Thence continuing with said west line and said creek, South 31 deg. 46 min. 56 sec. East, 46.20 feet to a point;

Thence continuing with said creek and with the south line of Wilson & Huston Addition, South 75 deg. 03 min. 28 sec. East, 135.14 feet to a point;

Thence continuing with said south line, South 89 deg. 01 min. 56 sec. East, 381.02 feet to the PLACE OF BEGINNING and containing 10.764 acres of land, more or less, of which Lots 1281 through 1286 each contain 0.072 acre, Lot 1287 contains 0.082 acre, Lot 1288 contains 0.075 acre, Lot 1289 contains 0.065 acre, Lot 1290 contains 0.058 acre, Lot 1291 contains 0.049 acre, Lot 1292 contains 0.040 acre and Outlot 11 (3) contains 0.664 acre; 0.086 acre is all of the vacated alley (Ordinance No. 2327); 1.813 acres is all of the remainder of the 3-3/4 acre tract, 1.147 1.050 acres is all of the 1.15 acre tract, 1.618 acre is all of the remainder of the 4.36 acre tract, 1.147 acres is all of the 1.14 acre tract, 1.260 acres is all of the remainder of the 1.38 acre tract, 0.625 acre is all of the .6225 acre tract, 0.617 is all of the .6145 acre tract, 0.665 is all of the .6541 acre tract, 0.044 acre is all of the remainder of the vacated alley, and 0.172 acre is all of the .1723 acre tract but subject to all legal highways and easements of record. Bearings were oriented to an assumed north.

Survey and description prepared by James H. Marsh, Registered Surveyor No. 7156 on July 31, 2007, revised August 17, 2007.

  
James H. Marsh  
Registered Surveyor No. 7156

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2007 SEP 20 PM 3:57

CLIENT SERVICE CENTER

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)                                                                                                   |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)                                                                                                    |  |
| <p>Glendon B. Pratt, Esq.<br/>     Rock, Shaffer &amp; Williams LLP<br/>     173 South Third Street, Suite 600<br/>     Columbus, Ohio 43215</p> |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

|                                                                                                                            |                          |                                  |                                 |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------|---------------------------------|
| 1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one (either name 1a or 1b) - do not abbreviate or combine names            |                          |                                  |                                 |
| 1a. ORGANIZATION'S NAME<br>OR THE Twin City Hospital Corporation                                                           |                          |                                  |                                 |
| 1b. INDIVIDUAL'S LAST NAME                                                                                                 |                          |                                  |                                 |
| 1c. MAILING ADDRESS<br>819 N. First Street                                                                                 | 1d. FIRST NAME           | 1e. MIDDLE NAME                  | 1f. SUFFIX                      |
|                                                                                                                            | Dennison                 |                                  |                                 |
|                                                                                                                            | CITY                     | STATE                            | POSTAL CODE                     |
|                                                                                                                            | OH                       | 44621                            | USA                             |
| 1g. TITLE/POSITION<br>DIRECTOR                                                                                             | 1h. TYPE OF ORGANIZATION | 1i. JURISDICTION OF ORGANIZATION | 1j. ORGANIZATIONAL ID #, IF ANY |
| Nonprofit Corp.                                                                                                            | Ohio                     | 53882                            | <input type="checkbox"/> none   |
| 2. ADDITIONAL DEBTORS' EXACT FULL LEGAL NAME - Insert only one (either name 2a or 2b) - do not abbreviate or combine names |                          |                                  |                                 |
| 2a. ORGANIZATION'S NAME<br>OR INDIVIDUAL'S LAST NAME                                                                       |                          |                                  |                                 |
| 2b. MAILING ADDRESS                                                                                                        | 2c. FIRST NAME           | 2d. MIDDLE NAME                  | 2e. SUFFIX                      |
|                                                                                                                            |                          |                                  |                                 |
| 2f. TITLE/POSITION<br>DIRECTOR                                                                                             | 2g. TYPE OF ORGANIZATION | 2h. JURISDICTION OF ORGANIZATION | 2i. ORGANIZATIONAL ID #, IF ANY |
|                                                                                                                            |                          |                                  | <input type="checkbox"/> none   |

|                                                                                                                                |                |                 |             |
|--------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------|-------------|
| 3. SECURED PARTY'S NAME (W/HOME CITY/TOTAL ASSIGNEE OF ASSIGNOR, IF APPLICABLE) - Insert only one secured party name 3a or 3b) |                |                 |             |
| 3a. ORGANIZATION'S NAME<br>U.S. Bank National Association                                                                      |                |                 |             |
| 3b. INDIVIDUAL'S LAST NAME                                                                                                     |                |                 |             |
| 3c. MAILING ADDRESS<br>1350 Euclid Avenue, Mail Code: CN-OH-RN11                                                               | 3d. FIRST NAME | 3e. MIDDLE NAME | 3f. SUFFIX  |
|                                                                                                                                | Cleveland      |                 |             |
|                                                                                                                                | CITY           | STATE           | POSTAL CODE |
|                                                                                                                                |                | OH              | 44116       |
|                                                                                                                                |                | USA             |             |

4. This FINANCING STATEMENT covers the following collateral:  
 Fixtures of every nature and kind, now or hereafter acquired or owned by Debtor which are now or hereafter offered to the Real Estate located  
 in the County of Tuscarawas, Ohio, which is described on Exhibit A hereto.

|                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 5. ALTERNATIVE DESIGNATION (If applicable)                                                                                                                                                                                                                                                                                                                             |  |  |  |
| <input type="checkbox"/> LESSOR/LESSOR<br><input type="checkbox"/> CONSIGNEE/CONSIGNEE<br><input type="checkbox"/> BAILEE/BAILEE<br><input type="checkbox"/> SELLER/BUYER<br><input type="checkbox"/> AG. LEND<br><input type="checkbox"/> NON-AG. LENDER                                                                                                              |  |  |  |
| 6. THIS FINANCING STATEMENT is to be filed for record(s) in the REAL ESTATE RECORDS (check all that apply):<br><input checked="" type="checkbox"/> ESTATE RECORDS: At least one location<br><input type="checkbox"/> ADDITIONAL RECORDS: (Additional info) <input type="checkbox"/> All Debtors<br><input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 |  |  |  |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                                                                                                                                                                                                                                       |  |  |  |

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Rev 05/22/02

201-LICC1

**EXHIBIT**3

tabbles\*

| UCC FINANCING STATEMENT ADDENDUM                                                                                                                                                                                                                                                                                               |  |                                                                                                             |                                 |                                        |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-------------------------------|
| FOLLOW INSTRUCTIONS (front and back) CAREFULLY                                                                                                                                                                                                                                                                                 |  |                                                                                                             |                                 |                                        |                               |
| B. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT                                                                                                                                                                                                                                                              |  |                                                                                                             |                                 |                                        |                               |
| C. ORGANIZATIONS NAME                                                                                                                                                                                                                                                                                                          |  |                                                                                                             |                                 |                                        |                               |
| 1a. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                     |  | FIRST NAME                                                                                                  | MIDDLE NAME, SUFFIX             |                                        |                               |
| 12. MISCELLANEOUS                                                                                                                                                                                                                                                                                                              |  |                                                                                                             |                                 |                                        |                               |
| THE INFORMATION FOR LINES 11a THROUGH 11d IS FOR USE ONLY                                                                                                                                                                                                                                                                      |  |                                                                                                             |                                 |                                        |                               |
| 11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - List only one name (11a or 11b) - do not include business or fictitious names                                                                                                                                                                                                  |  |                                                                                                             |                                 |                                        |                               |
| D. ORGANIZATIONS NAME                                                                                                                                                                                                                                                                                                          |  |                                                                                                             |                                 |                                        |                               |
| 11b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                    |  | FIRST NAME                                                                                                  | MIDDLE NAME                     |                                        |                               |
| 11c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                           |  | CITY                                                                                                        | STATE                           | POSTAL CODE                            | COUNTRY                       |
| 11d. BUSINESSNAME<br>ADOL. INN. REC.<br>ORGANIZATION<br>DEBTOR                                                                                                                                                                                                                                                                 |  | 11e. TYPE OF ORGANIZATION                                                                                   | 11f. JURISDICTION OF ORIGINATOR | 11g. ORGANIZATIONAL ID #, IF ANY       | <input type="checkbox"/> None |
| 12. ADDITIONAL SECURED PARTIES <input checked="" type="checkbox"/> ASSIGNEE APP. NAME - WHICH IS THE SAME AS 11a OR 11b                                                                                                                                                                                                        |  |                                                                                                             |                                 | 12a. ORGANIZATIONS NAME                |                               |
| 12b. INDIVIDUAL'S LAST NAME                                                                                                                                                                                                                                                                                                    |  | FIRST NAME                                                                                                  | MIDDLE NAME                     | SUFFIX                                 |                               |
| 12c. MAILING ADDRESS                                                                                                                                                                                                                                                                                                           |  | CITY                                                                                                        | STATE                           | POSTAL CODE                            | COUNTRY                       |
| 13. THE FINANCING STATEMENT IDENTIFY                                                                                                                                                                                                                                                                                           |  |                                                                                                             |                                 | 13. Additional collateral description: |                               |
| <input type="checkbox"/> Debtor to be debtor                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> co-debtor/borrower, or in title as co-<br><input type="checkbox"/> debtor/borrower |                                 |                                        |                               |
| 14. Description of real included                                                                                                                                                                                                                                                                                               |  |                                                                                                             |                                 |                                        |                               |
| 15. Name and address of a RECORD OWNER of above-described real estate<br>(if different from creditor's record interest):                                                                                                                                                                                                       |  |                                                                                                             |                                 |                                        |                               |
| 16. Check only if applicable and check only one box.<br><input type="checkbox"/> Debtor is <input type="checkbox"/> Trustee <input type="checkbox"/> Those acting with respect to property held in trust or<br><input type="checkbox"/> Debtor/Trustee                                                                         |  |                                                                                                             |                                 |                                        |                               |
| 17. Check only if applicable and check only one box.<br><input type="checkbox"/> Debtor is a TRUST SHARING UTILITY<br>That is in connection with a Mergers-and-Acquisitions Transaction -- Effective 30 years<br><input checked="" type="checkbox"/> That is connected with a Public Finance Transaction -- effective 30 years |  |                                                                                                             |                                 |                                        |                               |

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|                                                                                                                               |                                        |                           |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------|
| 10. NAME OF FIRST DEBTOR (14a or 15) OR RELATED FINANCING STATEMENT                                                           |                                        |                           |                                                                                                          |
| 15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (Enter as Item D Amendment (Rev))                                                |                                        |                           |                                                                                                          |
| 11a. ORGANIZATION'S NAME<br>OR<br>11b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME                                |                                        |                           |                                                                                                          |
| 20. MISCELLANEOUS                                                                                                             |                                        |                           |                                                                                                          |
| THE ABOVE SPACE IS FOR FEDERAL TRADE COMMISSION USE ONLY                                                                      |                                        |                           |                                                                                                          |
| 21. ADDITIONAL DEBTORS EXACT FULL LEGAL NAMES - Insert only one debtor name (21a or 21b) - do not abbreviate or combine names |                                        |                           |                                                                                                          |
| 21a. ORGANIZATION'S NAME<br>OR<br>21b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME      SUFFIX                    |                                        |                           |                                                                                                          |
| 21c. MAILING ADDRESS      CITY      STATE      POSTAL CODE      COUNTRY                                                       |                                        |                           |                                                                                                          |
| 21d. JURISDICTION                                                                                                             | 21e. INFO RE<br>ORGANIZATION<br>DEBTOR | 21f. TYPE OF ORGANIZATION | 21g. JURISDICTION OF ORGANIZATION      21h. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> none |
| 22. ADDITIONAL DEBTORS EXACT FULL LEGAL NAMES - Insert only one debtor name (22a or 22b) - do not abbreviate or combine names |                                        |                           |                                                                                                          |
| 22a. ORGANIZATION'S NAME<br>OR<br>22b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME      SUFFIX                    |                                        |                           |                                                                                                          |
| 22c. MAILING ADDRESS      CITY      STATE      POSTAL CODE      COUNTRY                                                       |                                        |                           |                                                                                                          |
| 22d. JURISDICTION                                                                                                             | 22e. INFO RE<br>ORGANIZATION<br>DEBTOR | 22f. TYPE OF ORGANIZATION | 22g. JURISDICTION OF ORGANIZATION      22h. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> none |
| 23. ADDITIONAL DEBTORS EXACT FULL LEGAL NAMES - Insert only one debtor name (23a or 23b) - do not abbreviate or combine names |                                        |                           |                                                                                                          |
| 23a. ORGANIZATION'S NAME<br>OR<br>23b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME      SUFFIX                    |                                        |                           |                                                                                                          |
| 23c. MAILING ADDRESS      CITY      STATE      POSTAL CODE      COUNTRY                                                       |                                        |                           |                                                                                                          |
| 23d. JURISDICTION                                                                                                             | 23e. INFO RE<br>ORGANIZATION<br>DEBTOR | 23f. TYPE OF ORGANIZATION | 23g. JURISDICTION OF ORGANIZATION      23h. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> none |
| 24. ADDITIONAL SECURED PARTY'S NAME (or NAME OF TOTAL ASSIGNEE) - Insert only one secured party name (24a or 24b)             |                                        |                           |                                                                                                          |
| 24a. ORGANIZATION'S NAME<br>OR<br>24b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME      SUFFIX                    |                                        |                           |                                                                                                          |
| 24c. MAILING ADDRESS      CITY      STATE      POSTAL CODE      COUNTRY                                                       |                                        |                           |                                                                                                          |
| 25. ADDITIONAL SECURED PARTY'S NAME (or NAME OF TOTAL ASSIGNEE) - Insert only one secured party name (25a or 25b)             |                                        |                           |                                                                                                          |
| 25a. ORGANIZATION'S NAME<br>OR<br>25b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME      SUFFIX                    |                                        |                           |                                                                                                          |
| 25c. MAILING ADDRESS      CITY      STATE      POSTAL CODE      COUNTRY                                                       |                                        |                           |                                                                                                          |

Instructions for UCC Financing Statement Amendment (Form UCC1AP)

Use this form to continue adding additional Debtor or Secured Party names as needed when filing a UCC Financing Statement (Form UCC1).

Rev 05/22/02

201-UCC1

EXHIBIT "A"

DESCRIPTION OF A 10.764 ACRE TRACT  
THE TWIN CITY HOSPITAL CORPORATION

Situated in the Village of Denison, County of Tuscarawas and State of Ohio.

Being all of Lots 1281 through 1292 (known as Tax Parcel Nos. 42-00149.000, 42-00185.000, 42-00941.000, 42-01577.000, 42-01216.000 and 42-01215.000) and Cuts 11 (3) (known as Tax Parcel No. 42-01579.000) of Wilson & Huston Addition as recorded in Plat Book I-B, Page 26 of the Tuscarawas County Plat Records, all of a vacated alley (Ordinance No. 2327) as recorded in Volume 1264, Page 1055 of the Official Records of Tuscarawas County, and being all of tracts of land conveyed to The Twin City Hospital Corporation by deeds in Volume 1136, Page 625, Volume 1189, Page 2413 and Volume 1209, Page 2561 of the Official Records of Tuscarawas County, and Volume 570, Pages 900, 901, 902 and 905 of the Tuscarawas County Deed Records, and being part of Lot 4 of the Spencer Tract in the First Quarter of Township 7, Range 1 being all of tracts of land conveyed to The Twin City Hospital Corporation by deeds in Volume 570, Page 897 (remainder of 3 3/4 acres - known as Tax Parcel No. 42-000667.000), Volume 570, Page 902 (1 .55 acres - known as Tax Parcel No. 42-01214.000), Volume 570, Page 903 (remainder of 4 .36 acres - known as Tax Parcel No. 42-01576.000), Volume 570, Page 905 (1 .14 acres - known as Tax Parcel No. 42-01578.000) and Volume 570, Page 907 (remainder of 1 .38 acres, .6225 acres, .6145 acres, .6541 acres and .vacated alley - known as Tax Parcel No. 42-01261.000) of the Tuscarawas County Deed Records, and Volume 1025, Page 530 (.1721 acres - known as Tax Parcel No. 42-00436.000) of the Official Records of Tuscarawas County and being more fully described as follows:

Beginning at an iron pin found at the intersection of the north line of Wilson Street and the west line of First Street, said point being the southeast corner of Lot 1281 and being the TRUE PLACE OF BEGINNING for the parcel herein described;

Thence with the east line of Lots 1281 through 1286, said 1.14 acre tract and 4 .36 acre tracts, and the west line of First Street, North 113 deg. 05 min. 22 sec. East, 440.54 feet to a point in Fuhr Street and passing on line an iron pin found at 410.37 feet;

Thence with Fuhr Street and the north line of said 4 .36 acre tract, North 88 deg. 54 min.

47 sec. West, 202.47 feet to a point;

Thence leaving said street, with the east line of said 1 .38 acre tract and 0 .1721 acre tract and with the west line of a 0 .14 acre tract conveyed to Donald E. & Helen J. Wright (DR 439-140), North 14 deg. 33 min. 20 sec. West, 142.74 feet to an iron pin found and passing on line an iron pin found at 31.00 feet;

Thence continuing with the east line of said 0 .1721 acre tract, North 36 deg. 17 min. 36 sec. East, 9.67 feet to an iron pin found;

Thence continuing with the east line of said 0 .1721 acre tract and the center of said vacated alley, North 14 deg. 33 min. 20 sec. West, 292.12 feet to an iron pin set in the north line of said vacated alley;

Thence with said north line, South 76 deg. 23 min. 40 sec. West, 7.50 feet to an iron pin set in the east line of said 1 .38 acre tract;

Thence with the east line of said 1 .38 acre tract, North 14 deg. 33 min. 20 sec. West, 22.50 feet to a point in McKee Road (Township Road 287);

Thence with said road and the north line of said 1 .38 acre tract, South 76 deg. 58 min. 26 West, 139.09 feet to a point;

Thence continuing with said road and with the north line of said .6561 acre tract, North 88 deg. 05 min. 13 sec. West, 138.46 feet to a point;

Thence leaving said road and with the west line of said .6561 acre tract the following four (4) courses:

- 1) South 09 deg. 51 min. 47 sec. West, 10.00 feet to an iron pin set;
- 2) North 80 deg. 08 min. 13 sec. West, 70.30 feet to an iron pin set;
- 3) South 29 deg. 28 min. 13 sec. East, 90.00 feet to an iron pin set;
- 4) South 60 deg. 31 min. 47 sec. West, 55.00 feet to a point in Wilson Street

Extension and the east line of said 3 3/4 acre tract, and passing on line an iron pin set at 35.00 feet;

Thence with said road and east line, North 29 deg. 28 min. 13 sec. West, 132.89 feet to a point, said point being the southeast corner of a .58 acre tract conveyed to Johanna Jones, John A. Rogers and Edith A. Lawyer (DR 676-466);

Thence leaving said road and with the south line of said 0.58 acre tract, South 39 deg. 39 min. 17 sec. West, 17.20 feet to an iron pin set;

Thence continuing with said south line, South 51 deg. 39 min. 17 sec. West, 222.20 feet

to an iron pin set;

Thence continuing South 38 deg. 43 min. 27 sec. West, 94.79 feet to a point in Little

Stillwater Creek and the south line of Park View Addition (Plat Book 7, Page 90);

Thence with said creek and said north line the following twelve (12) courses:

1) South 43 deg. 09 min. 39 sec. East, 43.42 feet to a point;

2) South 59 deg. 12 min. 04 sec. East, 42.01 feet to a point;

3) South 84 deg. 51 min. 57 sec. East, 47.47 feet to an iron pin found;

4) South 79 deg. 20 min. 00 sec. East, 44.84 feet to a point;

5) South 52 deg. 23 min. 49 sec. East, 42.19 feet to a point and passing on line an iron pin found at 21.08 feet;

6) South 49 deg. 42 min. 26 sec. East, 42.43 feet to a point;

7) South 63 deg. 16 min. 39 sec. East, 42.19 feet to a point;

8) South 28 deg. 05 min. 33 sec. East, 42.37 feet to a point;

9) South 41 deg. 53 min. 31 sec. East, 43.68 feet to a point;

10) South 32 deg. 22 min. 26 sec. East, 46.52 feet to a point;

11) South 32 deg. 22 min. 26 sec. East, 46.52 feet to a point;

12) South 32 deg. 49 min. 54 sec. East, 47.31 feet to a an iron pin set;

Thence continuing with said north line, the north line of a 14.50 acre tract conveyed to the City of Uriachsville and the west line of said 1.55 acre tract, South 38 deg. 16 min. 21 sec. East, 195.93 feet to an iron pin set;

Thence continuing with the north line of said 14.50 acre tract and said west line, and the west line of Wilson & Huston Addition, South 21 deg. 43 min. 04 sec. West, 148.50 feet to a point in said creek;

Thence continuing with said west line and said creek, South 31 deg. 46 min. 56 sec. East,

46.20 feet to a point;

Thence continuing with said creek and with the south line of Wilson & Huston Addition, South 75 deg. 03 min. 28 sec. East, 135.14 feet to a point;

Thence continuing with said south line, South 89 deg. 01 min. 56 sec. East, 381.02 feet to the PLACE OF BEGINNING and containing 10.764 acres of land, more or less, of which Lots 1281 through 1286 each contain 0.072 acre, Lot 1287 contains 0.082 acre, Lot 1288 contains 0.075 acre, Lot 1289 contains 0.066 acre, Lot 1290 contains 0.058 acre, Lot 1291 contains 0.049 acre, Lot 1292 contains 0.040 acre and Outlot 11 (3) contains 0.864 acre; 0.086 acre is all of the vacated alley (Ordinance No. 2327); 1.813 acres is all of the remainder of the 3-3/4 acre tract, 1.050 acres is all of the 1.55 acre tract, 1.618 acre is all of the remainder of 4.36 acre tract, 1.147 acres is all of the 1.14 acre tract, 1.260 acres is all of the remainder of the 1.38 acre tract, 0.625 acre is all of the .6225 acre tract, 0.617 is all of the .6145 acre tract, 0.666 is all of the .6541 acre tract, 0.044 acre is all of the remainder of the vacated alley, and 0.172 acre is all of the .3721 acre tract, but subject to all legal highways and easements of record. Bearings were oriented to an assumed north.

Survey and description prepared by James H. Marsh, Registered Surveyor No. 7156 on July 31, 2007, revised August 17, 2007.

  
James H. Marsh  
Registered Surveyor No. 7156

File Number: OH00139076176  
 Date Filed: 12/16/2009 04:14 PM  
 Jennifer Brunner  
 Secretary of State

## UCC FINANCING STATEMENT

## FILER INFORMATION

## CONTACT INFORMATION FOR FILER

|                                       |                                               |                               |                             |
|---------------------------------------|-----------------------------------------------|-------------------------------|-----------------------------|
| CONTACT EMAIL<br>pam.bromund@csb1.com | CONTACT NAME<br>THE COMMERCIAL & SAVINGS BANK | CONTACT PHONE<br>330-763-2835 | CONTACT FAX<br>330-674-0148 |
|---------------------------------------|-----------------------------------------------|-------------------------------|-----------------------------|

## SEND ACKNOWLEDGMENT TO:

|                                      |                          |                    |                      |               |
|--------------------------------------|--------------------------|--------------------|----------------------|---------------|
| PACKET NO<br>7162                    | CLIENT ACCOUNT #<br>6622 |                    |                      |               |
| INDIVIDUAL'S LAST NAME<br>BROMUND    | FIRST NAME<br>PAMELA     | MIDDLE NAME<br>LOU | SUFFIX<br>MRS        |               |
| MAILING ADDRESS<br>91 N. CLAY STREET | CITY<br>MILLERSBURG      | STAT<br>OH         | POSTAL CODE<br>44654 | COUNTRY<br>US |

## FILE RECORD

|                        |                                                    |                                             |  |
|------------------------|----------------------------------------------------|---------------------------------------------|--|
| FILING TYPE<br>Initial |                                                    |                                             |  |
| FILERS UNIQUE          | ALTERNATE NAME DESIGNATION<br>DEBTOR/SECURED PARTY | ALTERNATE FILING TYPE<br>AGRICULTURAL LIENS |  |
| ADDITIONAL INFORMATION |                                                    | MATURITY DATE                               |  |

## DEBTOR DATA

|                                                         |                                      |                                |                      |  |
|---------------------------------------------------------|--------------------------------------|--------------------------------|----------------------|--|
| ORGANIZATION NAME<br>THE TWIN CITY HOSPITAL CORPORATION |                                      |                                |                      |  |
| TYPE OF ORGANIZATION<br>CORPORATION                     | JURISDICTION OF ORGANIZATION<br>OH   | ORGANIZATION ID# (if<br>33882) |                      |  |
| MAILING ADDRESS<br>819 N FIRST STREET                   | CITY<br>DENNISON                     | STATE<br>OH                    | POSTAL CODE<br>44621 |  |
| COUNTRY<br>US                                           | ALTERNATE CAPACITY OF DEBTOR<br>NONE |                                |                      |  |

## SECURED PARTY DATA

|                                                    |                     |             |                      |               |
|----------------------------------------------------|---------------------|-------------|----------------------|---------------|
| ORGANIZATION NAME<br>THE COMMERCIAL & SAVINGS BANK |                     |             |                      |               |
| MAILING ADDRESS<br>91 NORTH CLAY STREET            | CITY<br>MILLERSBURG | STATE<br>OH | POSTAL CODE<br>44654 | COUNTRY<br>US |

This FINANCING STATEMENT covers the following Collateral:  
 All Accounts; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating

to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and other accounts proceeds).

Filed at Ohio Secretary of State 09/20/2007 09:00 AM FILE#OH00119401840

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**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS (Part A and Part B) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER (if phone)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Glendon B. Pratt, Esq.  
Pock, Shaffer & Williams LLP  
175 South Third Street, Suite 600  
Columbus, Ohio 43218

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR: EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not addressee or creditor names

OR 1a. ORGANIZATION NAME  
The Twin City Hospital Corporation

1b. INDIVIDUAL'S LAST NAME

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| FIRST NAME | MIDDLE NAME | SUFFIX |
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Rev 05/22/02

**UCC-1 With The Twin City Hospital Corporation, as Debtor  
And U.S. Bank National Association  
As Secured Party**

All present and future Gross Receipts, being all cash and other receipts, present and future accounts, receivables, contracts and contract rights (including particularly contracts, agreements, contract rights and agreement rights, particularly those between any member of the Obligated Group and the State of Ohio with respect to Medicaid, any member of the Obligated Group and third-party insurers of patients of any members of the Obligated Group and any member of the Obligated Group and the United States of America with respect to Medicare, and all other equivalent insurance programs, or any state or federal program substituted in lieu thereof), general intangibles, documents and instruments, which are now owned or hereafter acquired by the Obligated Group, and all proceeds therefrom, whether cash or noncash, derived by the Obligated Group from the conduct of all or any part of its operations, and all revenue and income of the Obligated Group from whatever source derived, including not only that derived by the Obligated Group from the Existing Facilities but also from any and all facilities hereafter acquired, leased or used by the Obligated Group, income from and the principal of investments, leases and income received from leases, and grants received by the Obligated Group from any source and excluding only (i) grants, gifts, bequests, contributions and other donations, to the extent specifically restricted by the donor or grantor to a special object or purpose so as to preclude use thereof for payment of principal or interest on the Notes, (ii) the proceeds of any borrowing or any funds held in trust by a trustee as security for such borrowing, (iii) revenues, income, receipts and money received by a member of the Obligated Group as agent for and on behalf of a Person other than a member of the Obligated Group, and (iv) any Property that is the subject of a lien or encumbrance permitted by the Indenture or that has been conveyed or otherwise disposed of as permitted by the Indenture.

All moneys and securities from time to time held by the Trustee under the terms of the Indenture and any and all real or personal property of every name and nature from time to time hereafter by delivery or by writing of any kind conveyed, mortgaged, pledged, assigned or transferred, as and for additional security under the Indenture by the Debtor, or by anyone on its behalf or with its written consent, subject, in all events, to Permitted Encumbrances.

All capitalized terms used in the preceding paragraphs shall be interpreted as defined in the Master Trust Indenture dated as of September 1, 2007, between The Twin City Hospital Corporation, as the Debtor, and U.S. Bank National Association as the Secured Party, as previously supplemented and amended and as supplemented and amended from time to time.

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| FILING OFFICE<br>ADMINISTRATIVE ACTION STATEMENT                             |  |
|------------------------------------------------------------------------------|--|
| INTERNAL USE ONLY                                                            |  |
| 1. Identification of the Record to which the FILING OFFICE STATEMENT relates |  |
| RECORD # (DIN)                                                               |  |
| 1a. 200726402780                                                             |  |
| DATE AND TIME RECORD FILED                                                   |  |
| 1b. 09/20/2007 09:00 am                                                      |  |
| FILE # OF FINANCE STATEMENT TO WHICH THE RECORD RELATES                      |  |
| 1c. OH00119401840                                                            |  |

② 2. Describe the inaccuracy or mistake on the part of the filing office.

The incorrect image for The Twin City Hospital Corporation was incorrectly indexed and scanned.

③ 3. Describe the filing office administrative action taken as a result of inaccuracy or mistake (including date of each action).

Reimaged the correct filing images for The Twin City Hospital Corporation

Filing Clerk      *Lisa Kruse*      Date this FILING OFFICE ADMINISTRATIVE ACTION STATEMENT filed  
11/5/2010

FILING OFFICE COPY – FILING OFFICE ADMINISTRATIVE ACTION STATEMENT